

DISCUSSION.

Miss Ellis said that after two-years' experience the Lakeside Hospital of Cleveland would not under any consideration go back to the old system. She thought a six-months' preparatory course could be adopted in a small hospital with equal advantage. She described in detail the care that is given to the health of the probationer, the benefits derived by the hospitals of such a course being improvement in hospital ethics, greater dignity on the part of the nurses, improved neatness and cleanliness of the wards, better care of linen, decrease in the destruction of the equipment, and every hour of the pupil's time being of value in service. The superintendent knows just what the pupil has been taught, and when she is placed in a ward she feels less anxiety about her possible mistakes.

Miss Nevins thought it need not take any more nurses to do the work under this system, it was simply a matter of rearrangement. After a year's trial at the Garfield Hospital there was simply no comparison in results. It was shown that on the non-pay or admission-fee system such a course with paid instructors did not increase the expenses of the school.

Miss Gross, of the Buffalo General Hospital, stated that they started such a course in January, 1905, with an admission fee of twenty-five dollars and five dollars for breakage, and that immediately their applications fell off so rapidly that it had recently been decided by the board to discontinue the admission fee. During 1904 the school dropped the monthly allowance, but required no fee, and promised one hundred dollars for the third year. Under this arrangement they had a sufficient number of applicants to carry on the school well.

THE INTRODUCTION OF DISTRICT NURSING INTO THE TRAINING-SCHOOL CURRICULUM

BY MARY L. KEITH
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Two training-schools with which I am acquainted are doing district nursing in a small way. Perhaps a brief account of their distinctive methods may serve to open for discussion the question of district nursing as part of the training-school curriculum. One of these schools is connected with a lying-in hospital which, in addition to its ward service, maintains an out-patient department. Here each year nearly two thou-

sand poor women at time of childbirth are furnished medical attendance in their homes under the direction and supervision of the hospital staff.

For many years the Training-School nursed only hospital patients. Recently, by a system of coöperation, the lines have been extended to include nursing in the out-patient department, where five graduates of the hospital Training-School are already at work.

The Instructive District Nursing Association of the city has a superintendent, an assistant superintendent, and a corps of graduate nurses. It now receives two hospital pupils at a time, for a two-months' service each, to assist in nursing the out-patients of the hospital under the association's direction. These pupils sleep at the hospital, breakfast there, and return in time for dinner at night. The association provides the bags with the necessary articles, furnishes luncheon at noon, and allows money for carfare.

When the hospital pupils report for district duty one of the graduate obstetric nurses makes rounds with each pupil, shows her the methods, and explains the various situations that are liable to arise. After a few days the pupil goes by herself, but the obstetric nurse follows later in the day to see that the work has been properly done. The work is also inspected by the superintendent or her assistant at different times, so that throughout the two months there is constant supervision and instruction. Weekly reports are filed at the secretary's office.

The obstetric nursing is only one branch of the association work. Pupils from general hospitals are received to assist in the work at large, but pupils from the lying-in hospital go only to the out-patients of that hospital. As this institution furnishes medical attendance in the homes, it appears a natural and progressive step to furnish nursing also, and coöperation with the district nursing association is of mutual benefit.

The other hospital with which I am acquainted has no such ideal conditions for district work. It is one of several hospitals in a city that has no district nursing organization, and the custom is to send a pupil nurse in response to calls to visit the sick poor in their homes. Many calls come from a certain charitable society that makes the welfare of the poor its object, and others from physicians who are giving their services in destitute cases. Hence it is that a pupil makes daily visits to a varying number of cases, and after a month of such work returns to her hospital duties with increased self-reliance. This self-reliance has been acquired at considerable cost.

A few from each class show qualifications for district work, enter it with the right spirit, and carry an atmosphere into the homes they visit; and they are sorry, the hospital is sorry, and the patients are sorry when the service rotates to another. The larger number are un-

promising workers in this field of social service. They are not particularly anxious to come in close contact with filth and poverty, and they are not prepared to take a personal interest in those conditions. Hence they are not adapted for this branch of nursing, and when it is to them only a prescribed part of their training, their unfitness becomes a source of anxiety to the management, and the situations they create drain off energy that might be diverted into other channels of training-school work.

The first question to be adjusted is often that of raiment. Tip-tilted picture hats, yards of green and blue veiling, and ultra fashionable coats must be eliminated. Daily lessons with the map and street-car lines must be sandwiched in with the morning work. The pupil goes to her cases. Perhaps she sees the doctor in attendance, but oftener she does not. Her work will not be inspected by anyone in position to criticise, and there is no one to instruct. Her judgment has not matured, and questions are constantly coming up that call for the best of judgment, not only in the sphere of nursing, but in that of sociology. She reports each day to the superintendent, who from her report advises as best she can, but it is so unsatisfactory that it is a relief when patients can be persuaded to enter the hospital. The use of a free bed for an indefinite length of time is preferable to the assumption of responsibility in a territory which the hospital neither controls nor supervises.

Pupils older in the school do better than those younger, but when third-year pupils act as head nurses, drawing from this group every month cripples the work at home. Each pupil costs the hospital about three hundred dollars a year, and, viewed from the training-school standpoint only, it often seems that this money and energy might be so invested as to bring larger returns to the pupils.

We all want the sick poor well cared for when they cannot leave home, and the other side of the question is, How can it be done if pupils are not sent? Unfortunately, as I have said, there is no visiting nurse organization in the city to which I have referred. There is one paid nurse for tuberculosis work, and there is some volunteer nursing in connection with a settlement. The registered nurses of the city realize the gravity of the situation, and they are considering the advisability of supporting one of their number for district work. There is in another city a nurses' club, whose members are required to do some charity work each year. Physicians who use this club registry for their paying patients may obtain nurses for their charity patients also, those whose names are at the foot of the list being sent in response to calls. One of the distinctive features of a profession is thus emphasized, a calling in which money is not the first consideration.

DISCUSSION.

Miss Palmer thought that sending pupils out for a few weeks of district work in the latter part of the third year was a great advantage to some nurses; that there was such a thing as too much hospital, too much discipline, too rigid a life for some temperaments; that it destroyed originality in a few and blunted the sympathies of others, and that a little glimpse into the homes of the people was an excellent experience, especially to a nurse who was to be placed in charge of a public ward, where such knowledge made her more appreciative of the home problems of her patients. She endorsed all Miss Keith had said in regard to the difficulties, but thought there were advantages from the humanitarian and social side that counterbalanced the objections.

Miss Riddle, speaking for the Newton Hospital, said: "We are planning to try district nursing in what may be called a country city, the chief object being for the reasons Miss Palmer has stated. We hope to make our pupils better acquainted with the homes and conditions from which the patients have come to us, to do good work for the patients in such homes, and we also hope that some good will react upon the hospital."

The president called upon Miss Annie Damer, who said: "I think more and more that the district nurse is becoming a very important factor in the sphere of social economics, and more and more it is being demonstrated that she is a very valuable factor, but to become so she requires sufficient training and special adaptability. I do not want to say very much on this subject. I am not a superintendent, but I have had a little experience in district work. You ladies have all come to the conclusion that it is not advisable to send your pupils out into the homes of the rich during their period of training. You agree that the nurse must become schooled in the art of nursing or in the technique of her work before she begins to practise it outside. Then why should you send your pupils out to practise it in the homes of the poor when you are unwilling to send them into the homes of the rich?"

"Two years was not considered time enough to train her to become a competent nurse. Three years now are required, and the time is all needed in the hospital. A nurse cannot be trained for district work in the hospital. She needs there to be schooled and trained and made ready to practise her profession anywhere, but going into the homes of the poor requires another kind of training and a special adaptability is needed. All women are not capable of doing that work, and, as Miss Keith has said, you will find a very large proportion of the nurses who are sent out to do that work are not fitted for it at all, and they cannot adapt themselves to it."

“ If it is at all possible, there should be added to the curriculum of every training-school a course of lectures on the special work that is being done by philanthropists and sociologists in the world at large for the poor and needy and destitute in our great cities. It has been begun in one school in New York City. The Committee on District Nursing are planning to coöperate with the School of Philanthropy, and instead of having lecturers go to the different schools, it is hoped that pupils can come together at some central point for these lectures. I find that many of the nurses who come to do district work have spent three years in a training-school in New York, but they know nothing about the city or where the poor live that they have met every day in the hospital, and they know nothing of the great needs that a nurse as a social worker has to understand. She must not only have the knowledge necessary for private nursing and hospital nursing, but she must understand the needs of the poor and the methods that are considered best for their relief. I have known superintendents to say to a graduate undertaking district nursing, ‘ Why, you are a graduate; you can do anything,’ but when she gets into the work she finds she is not fitted for it. I have had letters from nurses saying, ‘ I would just love to do that work,’ but if they love to do it they would be doing it in some capacity; they would not be waiting for an opportunity with a salary.

“ In New York City some of the district nurses have taken the summer course in philanthropy. I have had a little experience with pupil nurses in the work. No woman can learn it in one or two months. She had better have two years, and then she thinks she knows less than when she began; in two months’ time she is only beginning to get the groundwork of it and to have a little knowledge of the home. I feel especially for the patients. Do not begin to think that your hospitals and training-schools are only a clinic for the nurses. We have doctors getting their experience outside. Don’t let the nurses begin that too. The need of the nurse giving plenty of time to this is that she must know her district and know the people she is working among, so that the people may get to know her. Her work is in the large cities among ignorant poor foreigners, who are suspicious of every man and woman who comes into their neighborhood. They get to know the nurse, to know her face and the bag she carries, and they come to have the utmost confidence in her and to tell her all their troubles. They cannot know a pupil nurse as they do one who is there continually.

“ In our large hospitals we often feel that there is no need for people to be so poor and dirty. Go into some of those poor little tenements and see how people are crowded and how they are living when sickness comes. The district nurse knows and she can sympathize with

them. Consider the patient when you are thinking of undertaking district nursing in the homes of the poor as part of the curriculum of your schools."

Miss Nutting said: "These speakers have all touched upon what seems to be very vital points in this matter. Miss Keith has emphasized the great care that it brings to the superintendent, in addition to her executive work in a large hospital, when a training-school undertakes the care of the sick poor in their homes, and it would seem to be stretching her province quite beyond the ability of any one mere human being to handle properly. I should object very forcibly to the introduction of district nursing into the training-school curriculum."

THE PRESENT STATUS OF EDUCATIONAL METHODS

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IN presenting to you this meagre report of the status of nursing education in our country to-day, it may be well to say that these facts are gleaned from the reports of one hundred and fifteen schools in hospitals having one hundred beds or over, and relate to matters dealing with the instruction department.

This can be but the faintest abstract of what these schools are doing, but at the outset we gather some encouragement, as must all our members who have worked long and faithfully to secure more and better instruction in both the theoretical and technical work. While we have not yet by any means attained the much-desired uniformity, the prospect is, nevertheless, brightened by certain improved conditions under which instruction is given as well as by the fact that, evidently from these reports, more thought and attention is directed to it than when my predecessors here began their crusade for more and better educational advantages as well as for more uniform methods. No doubt the nurses' own clamorings have been heard by training-school boards and have been heeded by reason of their importunity to the effect that curricula have been extended and in many cases additional time for study allowed. An adequate survey of the field as we find it contained in these reports, as well as in our knowledge of what has transpired, compels us to award great praise to those schools which were the pioneers in causing a reform.

Courage was given them for experiment and results amply repaid